

Fill in this information to identify your case:

Debtor 1	Celia Marie Zelinski		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-32727		

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 150,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 39,340.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 189,340.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 251,671.12
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 17,671.88
Your total liabilities		\$ 269,343.00

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,736.00
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,541.10

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Celia Marie Zelinski**Case number (if known) **19-32727**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **8,338.32**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case:

Debtor 1	Celia Marie Zelinski		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	19-32727		

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Kia Motors Finance Creditor's Name P.O. Box 20825 Attn: Bankruptcy Fountain Valley, CA 92728 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2018 Kia Sportage 36000 miles Vehicle is a lease As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) lease	\$5,080.25	\$28,890.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred 2018	Last 4 digits of account number 4922		

Debtor 1 **Celia Marie Zelinski**

First Name

Middle Name

Last Name

Case number (if known)

19-32727**2.2****NewRez, LLC d/b/a/
Shellpoint Mortgage S**

Creditor's Name

Describe the property that secures the claim:

\$246,590.87**\$300,000.00****\$0.00****50 Meridan Road Rockaway, NJ
07866 Morris County
300,000-30,000(cost of
sale)=270,000-246,590.87
(lien)=23,409.13/2=11,704
.57-25,150 (exemption)= 0 non
exempt equity**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**First Mortgage****PO Box 10826
Greenville, SC 29603**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt**Opened**Date debt was incurred **11/04**Last 4 digits of account number **4502**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$251,671.12If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:**\$251,671.12****Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]

Name, Number, Street, City, State & Zip Code

KML Law Group, P.C.**430****New Providence, NJ 07974**On which line in Part 1 did you enter the creditor? **2.2**Last 4 digits of account number **7418**

Fill in this information to identify your case:

Debtor 1 **Celia Marie Zelinski**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **19-32727**
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Celia Marie Zelinski
Celia Marie Zelinski
Signature of Debtor 1

X _____
Signature of Debtor 2

Date **March 10, 2021**

Date _____

AmeriCollect
PO Box 1566
Manitowoc, WI 54221

Arnold Stadtmauer, Esq.
1035 Route 46 East
Suite 208
Clifton, NJ 07015

Atlantic Health System
475 South Street
Morristown, NJ 07960

Avant
P.O. Box 9183380
Attn. Bankruptcy
Chicago, IL 60691

Bank of New Jersey
P.O. Box 26012
Attn. Bankruptcy
Greensboro, NC 27410

Barclays Bank Delaware
PO Box 8803
Wilmington, DE 19899

Capital One
PO Box 30285
Attn. Bankruptcy
Salt Lake City, UT 84130

Comenity Bank
PO BOX 18215
Columbus, OH 43218-2273

Comenitybank/New York
Attn: Bankruptcy
Po Box 18215
Columbus, OH 43218

Discover Bank
2500 Lake Cook Rd.
Deerfield, IL 60015

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Kia Motors Finance
P.O. Box 20825
Attn: Bankruptcy
Fountain Valley, CA 92728

KML Law Group, P.C.
430
New Providence, NJ 07974

LVNV Funding, LLC
PO Box 10497
Attn: Bankruptcy
Greenville, SC 29603

Morris County Special Civil Part
77 Hamilton St.
Paterson, NJ 07505

NewRez, LLC d/b/a/ Shellpoint Mortgage S
PO Box 10826
Greenville, SC 29603

Portfolio Recovery Associates, LLC
PO Box 12914
Norfolk, VA 23541-1223

Quality Asset Recovery
PO Box 239
Attn. Bankruptcy
Gibbsboro, NJ 08026-0239

Santander Bank
Po Box 12646
Reading, PA 19612

St. Clares Health System
P.O. Box 536598
Pittsburgh, PA 15253

Synchrony Bank
PO Box 960012
Orlando, FL 32896-0012

Verizon
4515 N Santa Fe Ave
Oklahoma City, OK 73118

Walter J. Zelinski II
50 Meridan Road
Rockaway, NJ 07866